

Plan to End Chronic Homelessness in the Five County Area by 2014

Vision: Everyone has access to safe, decent, affordable housing with the needed resources and supports for self-sufficiency and well-being.

BACKGROUND

Homeless in America

Tonight 750,000 people will be homeless in America. It is estimated as many as 3.5 million or about 1% of all Americans, will experience some degree of homelessness during the year.

Who are the homeless Americans? According to the National Alliance to End Homelessness (NAEH), close to 59% of the homeless identified by the 2005 national count were individuals and 41% were persons in families with children. Over the course of a full year, however, about half of the people who experience homelessness live in family units and 38% of the homeless each year are children. There are also single homeless people who are not adults — runaway and “throwaway” youth. The size of this group has not been measured and is often not included in counts of homeless people.¹

To be homeless is to be without a permanent place to live that is fit for human habitation. The Department of Housing and Urban Development (HUD) has defined the following categories of homelessness:

- **Temporary:** Those that stay in the shelter system for brief periods and do not return. This group comprises about 88% of the homeless population, and according to national research, consume about 50% of the resources devoted to support the homeless.
- **Chronic:** Those unaccompanied individuals with a disabling condition who have been homeless for a year or more, or have experienced at least four episodes of homelessness within three years. This group represents about 12% and consumes up to 50% of the resources supporting the homeless.

Chronically homeless Americans are 75% male, at least 40% are African-American and over one-third are veterans.² This group is burdened with significant issues: 40% have substance abuse disorders, 25% have severe physical disabilities and 20% have serious mental illness. According to the Department of Health and Human Services (HHS), chronic homelessness is associated with extreme poverty, poor job skills, lack of education, and serious health conditions, such as mental illness and chemical dependency.

Homeless in Utah

Tonight nearly 3,500 people will be homeless in Utah and over 15,000 will experience homelessness sometime this year. Eighty three percent of the homeless are along the Wasatch Front with the greatest concentrations in Salt Lake and Weber counties. The remaining 17% are in the rural areas. No longer are Utah’s homeless mostly transient; as many as 85% are Utah residents. Additionally, although not homeless by HUD’s definition, many individuals and families are doubling-up, resulting in a substandard living environment.

¹ National Alliance to End Homelessness. 2000. *A Plan, Not a Dream: How to End Homelessness in Ten Years*.

² Department of Veterans Affairs Fact Sheet, January 2003.

Utah conducts an annual **Point-in-Time Count** (including a “street count”) of homeless persons the last week of January. The most recent count, conducted January 21, 2009, found and identified 3,525 homeless persons statewide. Statistical projection models estimate that Utah can expect that 15,525 people will have at least a short period of homelessness during the year.

The 2009 homeless count shows Utah has about the same percentage (45.7%) of homeless persons in families as nationally (41%). Of the 3,525 homeless, 700 were classified as chronically homeless. Although HUD does not include long-term homeless families in their definition of chronic homelessness, Utah will be including chronically homeless families in placement into housing. Nationally, the chronically homeless are about 12% of the homeless population and consume 50% of the resources provided the homeless. This has been confirmed in Utah. The Road Home, the State's largest homeless shelter, located in Salt Lake City, recently conducted a five-year analysis of shelter bed usage. They found the high users of the shelter are consistent with results from national studies. Between July 1, 2002 and June 30, 2007, there were 1,047,645 shelter nights provided to 12,286 unduplicated individuals. Of the 12,286, 1,675 or 14%, used 664,214 shelter nights, or 63% of the facility's services.

This plan will reference an Annualized Baseline of the last three annual counts, which were all conducted using the same methodology, in order to reduce the impact of measurement error in any one count. This plan will measure progress of strategic initiatives against the following three-year Annualized Baseline of the Point-in-Time Counts for 2005–2007:

Statewide Homeless Point-in-Time Counts*
(2005 - 2007 Annualized Baseline)

	2005		2006		2007		Point-in-Time Count Ave 2005 - 2007		3 Year Annualized Baseline	
	#	%	#	%	#	%	#	%	#	%
Individuals	1,621	59.2%	2,035	62.5%	1,816	63.7%	1,858	62.3%	8,149	59.2%
Persons in Families	1,113	40.7%	1,182	36.3%	1,000	35.1%	1,100	36.8%	5,494	39.9%
Unaccompanied Children	4	0.1%	38	1.2%	37	1.3%	26	0.9%	130	0.9%
Total Homeless	2,738	100%	3,255	100%	2,853	100%	2,984	100%	13,773	100%
Total Chronic Homeless	966	35.3%	957	29.4%	765	26.8%	918	30.8%	1,840	13.4%

*See Attachment I

Homeless in the Five County Area

The Five County area participates in the annual Utah **Point-in-Time Count** (including a “street count”) of homeless persons. The most recent three counts, conducted 2005-2007, identified an average of 201 homeless persons in the Five County area, including 59 (29.3%) chronically homeless. The State Plan references an Annualized Baseline of the last three counts. This plan will measure progress of strategic initiatives against the following three-year Annualized Baseline of the Five County Point-in-Time Counts for 2005–2007:

**Five County
Homeless Point-in-Time Counts*
(2005 - 2007 Annualized Baseline)**

	2005		2006		2007		Point-in-Time Count Ave 2005 - 2007		3 Year Annualized Baseline	
Individuals	69	35.9%	154	57.7%	86	59.3%	103	51.2%	452	48.0%
Persons in Families	123	64.1%	113	42.3%	59	40.7%	98	48.8%	490	52.0%
Unaccompanied Children	0	0.0%	0	0%	0	0.0%	0	0.0%	0	0.0%
Total Homeless	192	100%	267	100%	145	100%	201	100%	942	100%
Total Chronic Homeless	41	21.4%	93	34.8%	43	29.7%	59	29.3%	118	12.5%

*See Attachment I for detail and homelessness by counties.

HISTORICAL RESPONSE

State of Utah

The homeless shelter and services system in Utah has evolved over the past two decades to address the changing homeless population. Presently, there are approximately 3,248 temporary shelter beds in Utah within a range of service models (see Attachment II). This system stretches from short-term emergency shelter facilities to transitional housing for both individuals and families that allow longer lengths of stay (some up to two years) in a services-enriched environment.³

The impetus for creating the present shelter service models has been threefold. First, it derived in part from the dramatic influx of families into the system that began in the late 1980's. As single, female-headed households increased as a percentage of the homeless, it was apparent that children, in particular, were ill suited to spend 12 hours each day on city streets. In response, providers developed family shelter units and other transitional housing programs. Secondly, this shift in service philosophy reflected a growing awareness of the cyclical nature of homelessness for many who experience it. The fact that many who became homeless were experiencing repeated and prolonged episodes of homelessness suggested that the basic needs approach, while effective at protecting people from the troubles of street life, were insufficient to move people beyond homelessness. Finally, recognizing that homeless face obstacles to accessing mainstream resources, homeless service providers responded by providing an increasing range of direct services such as mental health and on-site substance abuse intervention.

Over time, in the absence of responsive, affordable, permanent supportive housing alternatives, this approach expanded to include a residential service model designed to equip homeless households with the skills and resources needed to succeed in permanent housing. This has culminated in the evolution of a tiered system of care that moves those who are homeless through a succession of shelter programs designed to graduate them to permanent housing and self-sufficiency (see Attachment III).

While this approach may be logical on its face, it has ultimately proven ineffective for a variety of reasons. A shelter-based response that aims to "fix" the individual factors contributing to a

³ From the State's 2007 three Continuum of Care submissions.

household's homelessness does little to address the larger structural causes of homelessness. Moreover, many of the problems faced by deeply impoverished households, such as lack of education and marketable skills, histories of trauma and domestic abuse, and serious disabilities, are not resolved in such a short time period and to the degree that would enable them to succeed in the competitive private housing market. Thus, many remain in the homeless service system for long periods of time, or leave only to return. To compound this issue, the services and supports tied to shelters significantly diminish, or end, once the resident leaves the shelter. At the same time that shelter programs have become more service-intensive, they have frequently adopted more demanding eligibility criteria and strict program rules that have often effectively barred those households with the greatest needs.

Five County Area

The Five County area serves the homeless with two emergency shelters, Dixie Care and Share for those in St. George and Iron County Care and Share (ICCS) for those in Cedar City. In addition, motel vouchers have been used in other counties. Two domestic violence shelters – the D.O.V.E Center in St. George and the Canyon Creek Women's Crisis Center in Cedar City assist with needed services. There are also provisions in Iron County and Washington County for transitional housing. ICCS provides transitional housing in Iron County, with a capacity of seven (7) beds and the Cedar City Housing Authority has four (4) transitional units. These units are for homeless families only. The Erin Kimball Memorial Foundation provides transitional housing and support services for homeless families fleeing domestic violence. In addition to their twelve (12) set-aside apartment units located within Washington County, the program offers assistance to families in the outlying regions by providing leased housing in the participant's community of choice. There are twelve (12) food pantries with at least one pantry in each county serving low-income families and individuals.

Utah's present system and resources have proven inadequate to the challenge of significantly reducing, let alone ending, chronic homelessness. The Five County Local Homeless Coordinating Committee is willing to utilize the new housing first approach and to work toward ending chronic homelessness in the Five County area.

COSTS OF HOMELESSNESS

Cost to Communities

People experiencing chronic homelessness not only suffer as individuals, communities suffer as well. Placement of homeless people in shelters, while not the most desirable course, at least appears to be the least expensive way of meeting basic needs. Research shows, however, this is not the most effective approach and the hidden costs of homelessness can be quite high, particularly for those with chronic physical or mental illness. Because they have no regular address, the homeless face serious barriers accessing mainstream service systems and resort to a variety of very expensive public systems and crisis services.⁴

- **Emergency Shelter:** Emergency shelter generally works well for the temporarily homeless in assisting them to stabilize and move into transitional and permanent housing. The 12% of homeless who are chronically homeless will use over 50% of the emergency shelter services.

⁴ National Alliance to End Homelessness. 2000. *A Plan, Not a Dream: How to End Homelessness in Ten Years*.

- **Health and Medical Care:** Homelessness both results from and causes severe physical and mental health problems. Homeless people are far more likely to rely on costly services such as emergency rooms and inappropriate inpatient stays.
- **Incarceration:** Homeless spend significant time in jail or prison, often for petty offenses such as loitering. Frequently, the penal system is used as emergency shelter for the chronically homeless. This is significantly more expensive than other, more appropriate shelter.

The cost of chronic homelessness is most acutely felt by the overburdened health and mental health systems. A recent study found that hospitalized homeless people stay an average of more than four days longer than other inpatients, and that almost half of medical hospitalizations of homeless people were directly attributable to their homeless condition and therefore preventable.⁵ Recent studies have also found that homeless persons are three times more likely to use hospital emergency rooms than the general population, and are higher users of emergency department services because of their poor health, elevated rates of injuries and difficulty obtaining standard physician office care for non-emergency conditions.⁶ A San Francisco study found that placing homeless people in supportive housing reduced their emergency room visits by more than half.⁷ And, in 2006 the Denver Housing First Collaborative (DHFC) published a study of chronically homeless individuals, comparing costs of services for two years before and after placement in permanent supportive housing. DHFC found that emergency room costs were reduced 34.4% and inpatient nights declined 80%. Incarceration days and costs were reduced 76%. The total average cost-savings per individual was \$31,545. After deducting the cost for providing permanent supportive housing, Denver realized a net cost-savings of \$4,745 per person.⁸

Clearly, getting the chronically homeless, those that live in shelters and on the streets for long periods, into housing will make a significant impact in the process of reducing homelessness in America.⁹

Cost to Utah

Preliminary studies of homelessness costs to Utah communities indicate that providing permanent supportive housing is significantly less expensive than the present approach. Based on information from The Road Home, the annual costs for a person in permanent supportive housing is about \$6,504. This compares with annual costs of \$7,165 for shelter (including case management) at The Road Home, \$23,608 in the State prisons, \$26,736 in the Salt Lake County Jail, and \$166,000 in the State Mental Hospital (see Attachment IV). In Utah, inpatient psychiatric care charges average \$455 a day.¹⁰ Medicaid pays an average of \$2,800 per day for medical hospitalizations (with an average stay of 3.9 days) and pays emergency room an average \$648 per episode.¹¹

⁵ Sharon A. Salit, M.A., et al., "Hospitalization Costs Associated with Homelessness in New York City," *New England Journal of Medicine*, Vol. 338:1734-1740, #24, June 1998.

⁶ Kushel MB, Vittinghoff E, Haas JS. Factors associated with the health care utilization of homeless persons. *JAMA*. 2001;285:200-206.

⁷ Tony Proscio. *Supportive Housing and its Impact on the Public Health Crisis of Homelessness*, California, 2000.

⁸ Denver Housing First Collaborative. *Cost Benefit Analysis and Program Outcomes Report*. December 2006.

⁹ National Alliance to End Homelessness. 2000. *A Plan, Not a Dream: How to End Homelessness in Ten Years*.

¹⁰ Utah Division of Substance Abuse and Mental Health. personal correspondence.

¹¹ Utah Department of Health, Division of Health Care Financing. personal correspondence.

Cost to the Five County Area

No Specific cost studies have been conducted in the Five County area concerning homelessness; so, costs of homelessness derived from studies across the state will be used.

TEN-YEAR PLANNING EFFORT

Ten-year Challenge

Addressing the issue of chronic homelessness is a national effort. In 2000, the National Alliance to End Homelessness issued a national challenge in *A Plan, Not a Dream: How to End Homelessness in Ten Years*. The following year, HUD Secretary Martinez endorsed the goal of ending chronic homelessness in ten years. President Bush has since made ending chronic homelessness an administration-wide goal. As part of this effort, he re-established the U.S. Interagency Council on Homelessness to coordinate this effort among the 20 federal departments and agencies serving the homeless.

State and Local Commitment

In 2002 Lt. Governor Walker committed the state of Utah to participate in the ten-year planning process to end chronic homelessness. In May 2003, nine individuals, representing the State's Homeless Coordinating Committee, attended HUD Policy Academy training in Chicago. The Policy Academy training outlined the Bush Administration's efforts to end chronic homelessness in ten years and provided tools for the development of local plans. The nine attendees were:

Kerry Bate, Executive Director, Salt Lake County Housing Authority
Bill Crim, Executive Director, Utah Issues
Mark Manazer, Vice President of Programs, Volunteers of America
Leticia Medina, Director, State Community Services Office
Matt Minkevitch, Executive Director, The Road Home
Lloyd Pendleton, Volunteer, The Church of Jesus Christ of Latter-Day Saints
Mike Richardson, Director, Department of Workforce Services
Jane Shock, Vice President, American Express
Robert Snarr, Coordinator, State Mental Health Housing and Case Management.

This team accepted the assignment to prepare a ten-year plan to end chronic homelessness in Utah by 2014.

In 2005, the State Homeless Coordinating Committee (HCC) published *Utah's Ten-year Plan to End Chronic Homelessness* setting forth key strategies to achieve the goal. The HCC called upon each of the twelve Local Homeless Coordinating Committees to prepare a plan to implement the key strategies locally.

Five County Area Commitments

In coordination with the State of Utah's Ten Year Plan to End Homelessness, the Five County area agrees that the goal is "every person within southwest Utah will have access to safe, decent, affordable housing with the needed resources and support for self-sufficiency and well-being.

The Housing First strategy is a key to ending chronic homelessness. As mentioned in the State's plan, housing is an essential basic need. Living in one's own home also brings new freedoms and responsibilities and marks the transition to adulthood in contemporary American culture. Finding and maintaining a home is a fundamental indicator of success in community life. Placing the chronically homeless in permanent supportive housing is less costly to the community than living on the street. There is a need to find affordable housing that will accommodate previously homeless individuals.

On October 22, 2008 an elected official assisted in the reorganization of the Local Homeless Coordinating Council. The representative is Apple Valley Mayor Mary Reep. The committee is prepared to take on the challenges of updating and completing the plan to End Chronic Homelessness by the Year 2014 and provide an avenue for coordination and collaboration between organizations. There will be the Continuum of Care Committee who will coordinate services and funding with the Continuum of Care in the Balance of State and oversee the pilot projects for ending homelessness. The Five County Local Homeless Coordinating Committee (LHCC) will complete the plan to end Chronic Homelessness and coordinate a unique partnership including elected officials, government programs, non-profit organizations and other related individuals in the Five County area.

There are many agencies involved in the Five County LHCC including Dixie Care and Share, Iron County Care and Share, Erin Kimball Memorial Foundation, D.O.V.E. Center, The Safety Net, Five County Association of Governments, Washington County School District, Resource and Re-entry Center, Housing First, Red Rock Center for Independence, Southwest Behavioral Health Center and the area Housing Authorities. There will continue to be additional outreach to all programs that work in connection with ending homelessness. The need is also paramount to include more elected officials on the Five County LHCC and this expansion will be an ongoing goal.

KEY STRATEGIES

Overview

The ten-year plan sets forth broad perspectives, guidelines, targets and an organization of committees and stakeholders to achieve the goal of ending chronic homelessness reducing overall homelessness by 2014.

The present federal, state, and local funding could be used more effectively but still is insufficient to end chronic homelessness and reduce overall homeless in ten years. Present funding for homelessness at the federal, state, and local level must be maintained and new resources added, especially in affordable housing and supportive services. Some of the funding sources and programs in Utah include the Olene Walker Housing Loan Fund, the Pamela Atkinson Homeless Trust Fund,¹² HOME, the Section 8 Voucher Choice Program, Medicaid, Emergency Shelter Grants, Critical Needs Housing and Temporary Assistance to Needy Families (TANF).

Homeless Prevention/Discharge Planning

Ending homelessness is impossible without implementing strategies to prevent it from occurring. Public institutions and support systems such as jails, prisons, hospitals, the child welfare system, and mental health facilities, often release people directly into homelessness. Coordinated **Discharge Planning** is crucial to ensure that people leaving these institutions have stable housing

¹² The funds for this come from an annual state tax check-off for homeless service providers which is periodically supplemented with general funds approved by the legislature.

and some means for maintaining it.¹³ The state's HCC subcommittee on Discharge Planning coordinates efforts in support of this key strategy.

Affordable Housing

One proven key to ending chronic homelessness and long-term family homelessness is a **Housing First** strategy. Housing is more than a basic need. Finding and maintaining housing is a fundamental indicator of success in community life. Placing the chronically homeless and long-term family homeless in appropriate housing with supportive services is more effective for the community than letting the homeless continue to live on the street.

Housing First is an approach that centers on providing homeless people with housing quickly and providing services as needed. What differentiates a Housing First approach from other strategies is an immediate and primary focus on helping individuals and families quickly access and sustain permanent housing. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve. Housing First programs share these critical elements:

- There is a focus on helping chronically homeless and long-term homeless families access and sustain rental housing *as quickly as possible* and the *housing is not time-limited*;
- A variety of services are delivered primarily *following* a housing placement to promote housing stability and individual and family well-being;
- Such services are time-limited or long-term depending on individual and family needs;
- Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them succeed.

A central tenet of the Housing First approach is that social services that enhance well-being can be more effective when people are in their own home. Studies of Housing First programs with chronically homeless individuals and long-term homeless families have found that many who have remained outside of housing for years can retain housing with a subsidy and wraparound supports.¹⁴

The greatest obstacle to affordable housing is insufficient income. For the last 30 years the gap between income and housing costs has steadily widened. Over the same period of time, the supply of affordable rental housing has become increasingly scarce. Much of the stock has been converted to higher-priced and higher-profit housing such as condominiums. More has been claimed by urban renewal. In many cases, higher income households are occupying low-income housing, further depleting the supply. NAEH reports there are now 5.2 million more low-income households than there are affordable housing units.¹⁵ The average fair market value of a two-bedroom apartment has grown by nearly 28% in the last seven years, outpacing both overall inflation and average household income growth by a wide margin. This rate is also nearly double the income growth experienced by the poorest 20% of American households.¹⁶ The widening gap between income and housing costs puts pressure on the affordable housing supply, placing larger numbers of people at risk for homelessness.

¹³ National Alliance to End Homelessness. *A New Vision: What is in Community Plans to End Homelessness*. November 2006.

¹⁴ National Alliance to End Homelessness. *What is Housing First?* November 2006.

¹⁵ National Alliance to End Homelessness. *Chronic Homelessness*. March 2007.

¹⁶ National Low Cost Housing Coalition. *Out of Reach* 2006.

Overall, Utah personal income has risen about 5% over the last 3 years while housing prices have increased 25% to 30%. The widening gap between income and housing costs, combined with subsidy, cuts means more lower-income households will live in overcrowded and substandard conditions.¹⁷

Utah projected in its most recent Consolidated Plan that an average of 4,342 new affordable housing units needed to be produced each year from 1996–2002. Over the same period, only 2,621 units were actually developed on average each year, building up an affordable housing deficit at the rate of 1,721 units annually. According to the 2000 census, 625 new subsidized housing units need to be produced annually just for those Utah families living in poverty or below 30% of Area Median Income (AMI). In addition to the growing shortage of new affordable housing units, Utah has a critical housing quality problem.¹⁸ The Olene Walker Housing Loan Fund (OWHLF) Annual Report estimates that almost 2,500 low-income housing units require rehabilitation each year to remain habitable.¹⁹

The state's HCC has formed a subcommittee on Affordable Housing to coordinate initiatives driving this key strategy.

Supportive Services

In many respects, housing stability hinges on a household's ability to access fundamental resources and supports when a crisis occurs, so the security of housing is not threatened. The necessary supports include: 1) creative leasing options, locating appropriate units, deposit assistance and rent and utility assistance; 2) health care with mental health and substance abuse services; 3) skill and employment training leading to livable wage employment and other income supports; 4) transportation; and 5) quality child care. Access to resources and supports is even more critical for low-income households, for whom a crisis often means choosing between paying the rent and paying for food. Utah has implemented use of a Self-sufficiency Matrix for tracking resources and supports available to and utilized by homeless individuals. Case managers use this matrix to assess the present status of the homeless, target interventions, and measure progress in improved self-sufficiency (see Attachment V).

The state's HCC has formed a subcommittee on Supportive Services to focus efforts on this key strategy.

Homeless Management Information

Critical, up-to-date information on the homeless and services must drive the planning process. Critical information includes who is homeless, why they became homeless, what homeless and mainstream assistance sources are available and accessed, and what is effective in ending their homelessness. This information will allow monitoring trends to determine causes and develop indicators, assess available assistance and fill the existing gaps. Self-sufficiency Matrix data is gathered and entered by agencies statewide, providing a valuable tool for planners and decision makers. The state's HCC has also appointed a subcommittee to define, gather, and analyze homeless and services data.

¹⁷ Utah Department of Community and Economic Development, Division of Housing and Community Development. *State of Utah Consolidated Plan 2006–2010*. p. 19.

¹⁸ Utah Department of Community and Economic Development, Division of Housing and Community Development. *State of Utah Consolidated Plan 2006–2010*. p. 8.

¹⁹ Utah Department of Community and Culture, Division of Housing and Community Development. *Olene Walker Housing Loan Fund Annual Report to the State Legislature 2007*.

IMPLEMENTATION ORGANIZATION

State and Local Homeless Coordinating Committees

The State's Homeless Coordinating Committee (HCC) seeks to coordinate all activities that serve the homeless. The HCC was established in 1988. Members are appointed by the governor and encompass community organizations, individuals from not-for-profit and for-profit sectors and cabinet members (see Attachment VI). The HCC scope of responsibilities include establishing priorities for present funding, streamlining and increasing access to mainstream resources, reporting on the results and funding effectiveness, obtaining additional resources and implementing *Utah's Plan to End Chronic Homelessness and Reduce Overall Homelessness by 2014*.

The HCC has formed subcommittees to focus on each of the four key strategies: 1) Discharge Planning (in support of Homeless Prevention); 2) Affordable Housing; 3) Supportive Services; and 4) Homeless Management Information. A fifth organizational approach has organized twelve regional Local Homeless Coordinating Committees (LHCC), chaired by an elected official and organized by the local Association of Governments or Council of Governments (see Attachment VI).

Each LHCC is responsible for 1) developing and implementing local ten-year plans with detailed action steps to drive the key strategies of the State's ten-year plan; 2) prioritizing and coordinating funding to implement housing and supportive service programs to reduce and prevent homelessness; 3) use Homeless Management Information to track results; and 4) develop a "pathway" to self-reliance for the homeless (see Attachment VI).

Continua of Care

Utah is divided into the following three Continua of Care (CoC): Salt Lake County, Mountainland Association of Governments and Balance of State. The CoCs are comprised of homeless care providers representing the spectrum of homeless services. They are funding entities recognized by HUD. Local ten-year plans are used in preparing the annual CoC submissions for HUD funding. Five County is a member of the Balance of State Continuum of Care.

Five County Local Homeless Coordinating Committee

The Five County Local Homeless Coordinating Committee represents a broad range of community stakeholders (see Attachment VII for current membership). The committee seeks to coordinate all activities that serve the homeless in the Five County area. Currently, the LHCC has a subcommittee coordinating efforts to complete a homeless housing project in Washington County, a workgroup completing the Plan and at its discretion, may appoint subcommittees and workgroups to further the various goals.

FIVE COUNTY AREA IMPLEMENTATION PLAN

Area Profile

The Five County Local Homeless Coordinating Committee (LHCC) is responsible for the overall coordination activities on behalf of the homeless for the Beaver, Garfield, Iron, Kane and Washington Counties. The area is located in the Southwestern corner of the Utah and includes the following cities:

Beaver	Garfield	Iron	Kane	Washington	
Beaver	Antimony	Beryl	Kanab	Apple Valley	Pine Valley
Greenville	Bryce	Brian Head	Alton	Central	Pintura
Milford	Bryce Canyon City	Cedar City	Big Water	Dammeron Valley	Rockville
Minersville	Boulder	Enoch	Glendale	Enterprise	Santa Clara
	Cannonville	Hamilton Fort	Orderville	Gunlock	Springdale
	Escalante	Kanarraville		Hildale	St. George
	Hatch	Lund		Hurricane	Toquerville
	Henrieville	Modena		Ivins	Veyo
	Panguitch	Newcastle		La Verkein	Virgin
	Ticaboo	Paragonah		Leeds	Washington
	Tropic	Parowan		New Harmony	
		Summit			

Southwestern Utah conjures up many images to the minds of those who live in or visit the region – red rock cliffs and mesas, pristine wilderness and desert, scenic national parks and monuments, hiking, camping, and other outdoor recreation. The region includes the population of members of the various bands of the Paiute Indian Tribe of Utah. Information by County; includes, Beaver County is approximately halfway between Salt Lake City, Utah, and Las Vegas, Nevada. It is within the "Grand Circle" of scenic and recreation areas extending from Utah into Colorado, New Mexico, and Arizona. The Union Pacific Railroad, running north-south through the center of the county at Milford, is becoming increasingly important as a mover of goods and natural resources to and from Utah. Of prime importance is the transportation of Utah's coal to Los Angeles for exportation to the Pacific Rim countries. Beaver County relies heavily on tourism as part of its economic base. Agribusiness has become a major source of employment. Garfield County depends more on tourism and recreation for employment than any other county in the state. With Bryce Canyon, Lake Powell, state parks, and other scenic beauties, the county attracts many visitors each year. Garfield County also has one of the highest unemployment rates in the state because many of the county's jobs are seasonal. Iron County is currently experiencing rapid economic expansion. The area is well known as the host of the Utah Shakespearean Festival, the Utah Summer Games and Southern Utah University. Manufacturing plays a strong role in this rural area, however, trade and services provide the most employment. The Grand Staircase Escalante National Monument area relies heavily on tourism. A home-grown manufacturing company and an animal rescue organization also bring many jobs to Kane County's labor market. A dramatic fluxuation in construction has effected Washington County's economy creating an

unusual increase in the unemployment rate that presently is higher than the state unemployment rate. The economy is changing and evolving quickly with a positive outcome expected eventually.

The Five County Area has an overall population of 199,526 (July 2008 estimate), 7.3% of the Utah total. The overall Poverty Rate of 12.7%, 24.5% higher than the state, and the Child Poverty Rate is 22.2% higher at 15.2%. The Unemployment Rate for May 2009, by county is Beaver 4.4%, Garfield 6.1%, Iron 6.1%, Kane, 4.7%, Washington 6.7% averages to a higher rate than the state rate of 5.4%, but less than the national rate. The Area Median income ranges from \$39,465 to 47,097 which is less income compared to state average of \$55,220 for 2007.

Homeless Prevention/Discharge Planning Strategic Initiative

Jails, prisons, hospitals, the child welfare system, and mental health facilities often release people directly into homelessness. Coordinated **Discharge Planning** is crucial to stop these discharges into homelessness and to assure stable housing and some means for maintaining it.²⁰ There are several local agencies in need of assistance in discharge planning. In reaction to this need, Five County domestic violence shelters, The D.O.V.E. Center and Canyon Creek Women's Crisis Center, attempt to find long-term housing for individuals that are victims of domestic violence and/or sexual assault. They currently partner with the Resource and Re-entry Program and the Erin Kimball Memorial Foundation to achieve this goal. Often individuals released from jail or prison find themselves homeless and this circumstance results in requiring services from the local shelters such as Iron County Care and Share or the Dixie Care and Share. Due to the increase of individuals in homelessness the programs are using waiting lists; therefore, they are often unable to help. The Resource and Re-Entry Center in Washington County is organized to assist inmates and other homeless individuals find housing and employment as they are released from the Purgatory Correctional Facility, jail or other facilities. They currently own three trailers that may be available for housing homeless individuals and are in the process of creating an eight-bed transition facility.

Affordable Housing Strategic Initiative

The most successful model for housing the chronically homeless is permanent supportive housing using a Housing First approach. Housing First is a strategy that provides immediate access to rental housing without requiring initial participation in treatment. Social services to enhance well-being can be more effective when people are in their own home.²¹

The existing emergency shelter and transitional housing system works well for most of the temporarily homeless. However, additional needs for these services exist in some communities. Some LHCCs, after a review of their overall needs and services, have elected to include additional transitional housing and emergency shelter for the temporarily homeless as part of an overall effort to bolster and maintain a comprehensive homeless service delivery system. Other LHCCs have determined that their existing emergency shelter and transitional housing capacity is adequately matched with the need.

In 2006 the average monthly Fair Market Rent (FMR) for a two-bedroom apartment in the area was \$626. In order to afford this level of rent and utilities, without paying more than 30% of income on housing, a family would require an annual income of \$25,040. This translates into an

²¹ National Alliance to End Homelessness. *What is Housing First*. November 2006.

hourly wage of \$12.03, based on a 40-hour work week, 52 weeks per year. Current Five County Area renters actually earn an estimated average hourly wage of \$8.27. To afford a two-bedroom apartment at this wage, a renter must work 58 hours per week, 52 weeks per year or a family must have 1.5 workers.

Chronically homeless individuals can be adequately housed in smaller one-bedroom (FMR \$528) apartments. In order to afford this level of rent and utilities, an individual would require an annual income of \$21,120. Utah's monthly Supplemental Security Income (SSI) payments for an individual are \$603. If SSI represents an individual's sole source of income, \$181 in monthly rent is affordable.²²

Housing Affordability²³			
	Five County	% of Utah	Utah
Mean Renter Wage*	\$8.27	83.4%	\$9.92
Fair Market Rent 1-bedroom	\$528	93.5%	\$565
Housing Wage** 1-bedroom	\$10.16	93.6%	\$10.86
Fair Market Rent 2-bedroom	\$626	92.3%	\$678
Housing Wage** 2-bedroom	\$12.03	92.2%	\$13.04
* Mean Renter Wage = average hourly wage earned by persons currently renting in the county			
** Housing Wage = hourly wage required (working 40 hr/wk, 52 wks/yr) to rent without spending over 30% of total income on housing			

The three-year Annualized Baseline, derived from the 2005-2007 Point-in-Time Count, shows that the Five County area has a chronic homeless population of 118 individuals. In order to house these individuals an additional 118 suitable affordable housing units are required in the area by 2014. These units could be a mix of rental units presently on the market, rehabilitated older units, and new construction.

Chronically Homeless

The Five County LHCC has recommended the following affordable housing plan to end chronic homelessness and reduce overall homelessness in Five County area by 2014 (also detailed on Attachment VIII):

Existing Stock – 38 Units

Agreement with local housing owners and management companies will be implemented to utilize existing housing. Iron County will locate and utilize 17 units and Washington County will locate and utilize 21 units.

Rehabilitation of Existing Structures – 40 Units

Motels and apartment complexes will be purchased and rehabilitated to provide 18 units in Iron County and 22 in Washington County to meet the housing needs of the chronically homeless reported in those counties.

²² National Low Cost Housing Coalition. *Out of Reach 2006*.

²³ Data Sources: Utah Community Action Partnership. *Data Book on Poverty in Utah 2007*. National Low Income Housing Coalition. *Out of Reach 2006*.

New Construction – 40 Units

New units will be constructed with eighteen (18) in Iron County and twenty-two (22) in Washington County.

Transitional Housing and Emergency Shelter

Keeping in mind the changes of the current economic crisis the LHCC has determined that for the goals of this plan to be achieved there is a need for additional transitional housing and emergency shelter services to meet the growing demand.

**Five County
Homeless Housing Investment Summary*
(2007 – 2014)**

	Existing Stock		Rehab Existing		New Construction		2007 to 2014 Total	
	Units	Cost	Units	Cost	Units	Cost	Units	Cost
Iron County								
Chronically Homeless	17	\$0	18		18		53	
Transitional Housing	0	\$0	0	\$0	0	\$0	0	\$0
Emergency Shelter	0	\$0	0	\$0	0	\$0	0	\$0
Iron County Total	17	\$0	18		18		53	
Washington County								
Chronically Homeless	21	\$0	22		22	\$	65	
Transitional Housing	0	\$0	0	\$0	0	\$0	0	\$0
Emergency Shelter	0	\$0	0	\$0	0	\$0	0	\$0
Washington County Total	21	\$0	22	\$	22	\$	65	\$
Grand Total								
	38	\$0	40	\$	40	\$	118	\$

*See Attachment IX

**Five County
Homeless Housing Investment Schedule*
(2007 – 2014)**

	Capital Investment		Supportive Services Annual Investment	2007 to 2014 Total Investment
	Units	Cost	Cost	Cost
Iron County				
2007	0	\$0	\$0	\$0
2008	0	\$0	\$0	\$0
2009	0	\$0	\$0	\$0
2010	15	\$1,500,000	\$169,500	\$1,669,500
2011	15	\$2,250,000	\$339,000	\$2,589,000
2012	11	\$1,100,000	\$463,300	\$1,563,300
2013	12	\$1,800,000	\$598,900	\$2,398,900
2014	0	\$0	\$598,900	\$598,900
Iron County Total	53	\$6,650,000	\$2,169,600	\$8,819,600
Washington County				
2007	0	\$0	\$0	\$0
2008	0	\$0	\$0	\$0
2009	0	\$0	\$0	\$0
2010	15	\$1,500,000	\$169,500	\$1,669,500
2011	20	\$3,000,000	\$395,500	\$3,395,500
2012	17	\$1,700,000	\$587,600	\$2,287,600
2013	13	\$1,950,000	\$734,500	\$2,684,500
2014	0	\$0	\$734,500	\$734,500
Washington County Total	65	\$8,150,000	\$2,621,600	\$10,771,600
Grand Total	118	\$14,800,000	\$4,791,200	\$19,591,200

*See Attachment IX

In early 2008, the LHCC began to identify potential funding sources to support this recommended investment (summarized on Attachment X).

Supportive Services Strategic Initiative

Housing stability depends on these necessary supports: 1) housing assistance; 2) affordable health care with mental health and substance abuse services; 3) skill and employment training; 4) transportation; and 5) affordable quality child care.

There are some resources available currently although they are minimal. For example, the D.O.V.E. Center provides referrals to affordable housing, referrals to the Doctor's Free Clinic or the Community Health Center for medical needs, as well as to Department of Workforce Services to apply for medical coverage, etc. There is assistance available for transportation of shelter

residents with bus tokens and taxi vouchers. The D.O.V.E. Center also utilizes referrals to the Family Support Center for respite care. The Erin Kimball Memorial Foundation provides transitional housing, specialized case management, educational support groups; connection to mainstream and community resources; online job and life skills training. In addition to emergency housing assistance, with their limited funding, Iron County Care and Share and the Dixie Care and Share provide funding for prescription vouchers, bus tokens, hotel stays, and other costs (i.e. medical, dental, rent, mortgage, utilities, etc.). Furthermore, Washington County School District's "homeless liaison" works to help provide a stable and consistent school environment for children affected by homelessness. This liaison provides help with immediate enrollment, immunizations, school records, birth certificates, school supplies and transportation. Lastly, the Cedar City Housing Authority and the St. George Housing Authority provide rental assistance for eligible clients. They do a complete a criminal background check in which violent or drug related activity can make a person ineligible. They provide free bus passes to clients. For individuals participating in the Section 8, transitional housing, and/or Continuum of Care Housing First, the Cedar City Housing Authority provides self-sufficiency case management and planning.

Homeless Management Information Strategic Initiative

Critical, up-to-date information on the homeless themselves, gathered at agency, regional and state-wide levels, must drive the planning process. This information will allow monitoring trends to determine causes and develop indicators, assess available assistance and fill the existing gaps.

The appropriate agencies associated with the Five County Local Homeless Coordinating Committee are dedicated to being involved in capturing and inputting accurate data through the HIMS system.

Attachment VII

Name	Agency
Mayor Mary Reep	Apple Valley City
	Iron County Care & Share
Anne Yero	Canyon Creek Women's Crisis Center
Bob Green	Washington County School District
Chelsea Kunz Gambles	Safety Net/ Family Support Center
Coleen Tucker	Job Corps
Frank Yoder	Resource & Reentry Center
Heidi Allen	United Way
Heidi Miller	Iron County Housing Authority
Jan Thompson	Department of Workforce Services
Jordi Roesti-Drew	Red Rock Center for Independence
Kara Coop	Dixie Care & Share
Katy Peterson	D.O.V.E. Center
Lloyd Pendleton	Utah Division of Housing & Community Development
LuWenn Jones	Disability Law Center
Lynn Jorgensen	Veterans Affairs Outpatient Clinics
Mike Barben	St. George Housing Authority
Natalie Thornley	Veterans Affairs
Patricia Sheffield	Children's Justice Center
Paul Thorpe	Southwest Behavioral Health Center
Paula Claymore	Indian Health Services
Sherri Dial	Five County AOG
Stephanie Volker	Southwest Center
Sue Kimball	Erin Kimball Memorial Foundation
Tami Fullerton	Washington County Youth Crisis Center
Ty Tippets/ Dotti Higley	Color Country Community Housing